

PTO/SB/92 (08-08)

Approved for use through 09/30/2008. OMB 0651-0031

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

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Application No. (if known): 10/688,747

Attorney Docket No.: SUPP-P01-011

Certificate of Mailing under 37 CFR 1.8

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Debra M. Gilbride

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Registration Number, if applicable

617-951-7000
Telephone Number

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Fee Transmittal (1 page) w/copy
Two Month Request for Extension of Time Under 37 CFR 1.136(a) (1 page) w/copy
Amendment in Response to Non-Final Office Action (17 pages)
Amendment Transmittal (1 page) w/copy
Supplemental IDS (2 pages) w/copy
PTO SB/08 Form (2 references) (1 page)
Copy of Reference CCY1
Charge \$410.00 to deposit account 18-1945



PTO/SB/17 (10-07)

Approved for use through 06/30/2010. OMB 0651-0032
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

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Effective on 12/08/2004. Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).		Complete if Known	
FEE TRANSMITTAL For FY 2008		Application Number	10/688,747
		Filing Date	October 16, 2003
		First Named Inventor	Helen M. Blau
		Examiner Name	Q. J. Li
		Art Unit	1633
<input checked="" type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27		Attorney Docket No.	SUPP-P01-011
TOTAL AMOUNT OF PAYMENT	(\$)	410.00	

METHOD OF PAYMENT (check all that apply)

<input type="checkbox"/> Check	<input type="checkbox"/> Credit Card	<input type="checkbox"/> Money Order	<input type="checkbox"/> None	<input type="checkbox"/> Other (please identify):
<input checked="" type="checkbox"/> Deposit Account	Deposit Account Number:	18-1945	Deposit Account Name:	Ropes & Gray LLP
For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)				
<input checked="" type="checkbox"/> Charge fee(s) indicated below	<input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee			
<input checked="" type="checkbox"/> Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17	<input checked="" type="checkbox"/> Credit any overpayments			

FEE CALCULATION**1. BASIC FILING, SEARCH, AND EXAMINATION FEES**

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid (\$)
	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	
Utility	310	155	510	255	210	105	
Design	210	105	100	50	130	65	
Plant	210	105	310	155	160	80	
Reissue	310	155	510	255	620	310	
Provisional	210	105	0	0	0	0	

2. EXCESS CLAIM FEES

Fee Description	Fee (\$)	Small Entity Fee (\$)
Each claim over 20 (including Reissues)	50	25
Each independent claim over 3 (including Reissues)	210	105
Multiple dependent claims	370	185

Total Claims	Extra Claims	Fee (\$)	Fee Paid (\$)
23	- 40 = 0	x	=

HP = highest number of total claims paid for, if greater than 20.

Indep. Claims	Extra Claims	Fee (\$)	Fee Paid (\$)
1	- 3 = 0	x	=

HP = highest number of independent claims paid for, if greater than 3.

Multiple Dependent Claims	Fee (\$)	Fee Paid (\$)

3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$260 (\$130 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

Total Sheets	Extra Sheets	Number of each additional 50 or fraction thereof	Fee (\$)	Fee Paid (\$)
	- 100 =	/50 =	(round up to a whole number) x	=

4. OTHER FEE(S)

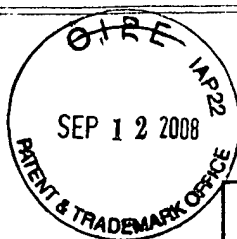
	Fees Paid (\$)
Non-English Specification, \$130 fee (no small entity discount)	
Other (e.g., late filing surcharge): 2252 Extension for response within second month	230.00
Information Disclosure Statement	180.00

SUBMITTED BY			
Signature	<i>Hanchu Koyf</i>	Registration No. (Attorney/Agent)	50,306
Name (Print/Type)	Yu Lu, Ph.D., J.D.	Telephone	(617) 951-7268
		Date	September 9, 2008

I hereby certify that this paper (along with any paper referred to as being attached or enclosed) is being deposited with the U.S. Postal Service on the date shown below with sufficient postage as First Class Mail, in an envelope addressed to: MS Amendment, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

Dated: 9/9/2008

Signature: *Debra M. Gilbride* (Debra M. Gilbride)



COPY

PTO/SB/17 (10-07)

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410.00		First Named Inventor	Helen M. Blau
		Examiner Name	Q. J. Li
		Art Unit	1633
		Attorney Docket No.	SUPP-P01-011

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☐ Check ☐ Credit Card ☐ Money Order ☐ None ☐ Other (please identify): _____

☒ Deposit Account Deposit Account Number: 18-1945 Deposit Account Name: Ropes & Gray LLP

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☒ Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17 ☒ Credit any overpayments

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<u> </u>	<u> </u>	<u> </u>	<u> </u>	<u> </u>

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	Fees Paid (\$)
Non-English Specification, \$130 fee (no small entity discount)	
Other (e.g., late filing surcharge): 2252 Extension for response within second month	230.00
Information Disclosure Statement	180.00

SUBMITTED BY

Signature	<u>Yu Lu</u>	Registration No. (Attorney/Agent)	50,306	Telephone	(617) 951-7268
Name (Print/Type)	Yu Lu, Ph.D., J.D.	Date	September 9, 2008		

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Dated: 9/9/2008 Signature: Debra M. Gilbride (Debra M. Gilbride)

**AMENDMENT TRANSMITTAL LETTER**Docket No.
SUPP-P01-011Application No.
10/688,747Filing Date
October 16, 2003Examiner
Q. J. LiArt Unit
1633

Applicant(s): Blau et al.

Invention: METHODS FOR TREATING DISORDERS OF NEURONAL DEFICIENCY WITH BONE MARROW-DERIVED CELLS

TO THE COMMISSIONER FOR PATENTS

Transmitted herewith is an amendment in the above-identified application.

The fee has been calculated and is transmitted as shown below.

CLAIMS AS AMENDED					
	Claims Remaining After Amendment	Highest Number Previously Paid	Number Extra Claims Present	Rate	
Total Claims	23	- 40 =	0	x	
Independent Claims	1	- 3 =	0	x	
Multiple Dependent Claims (check if applicable) <input type="checkbox"/>					
Other fee (please specify): Extension for response within second month					230.00
TOTAL ADDITIONAL FEE FOR THIS AMENDMENT:					230.00

☐ Large Entity☒ Small Entity☐ No additional fee is required for this amendment.☒ Please charge Deposit Account No. 18-1945 in the amount of \$ 230.00.
A duplicate copy of this sheet is enclosed.☐ A check in the amount of \$ _____ to cover the filing fee is enclosed.☐ Payment by credit card. Form PTO-2038 is attached.☒ The Director is hereby authorized to charge and credit Deposit Account No. 18-1945 as described below. A duplicate copy of this sheet is enclosed.☒ Credit any overpayment.☒ Charge any additional filing or application processing fees required under 37 CFR 1.16 and 1.17.
Yu Lu, Ph.D., J.D.

Attorney/Agent Reg. No.: 50,306

Dated: September 9, 2008ROPES & GRAY LLP
One International Place
Boston, Massachusetts 02110
(617) 951-7268

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Dated: 9/9/2008

Signature:

Debra M. G. Iborde



AMENDMENT TRANSMITTAL LETTER			Docket No. SUPP-P01-011
Application No. 10/688,747	Filing Date October 16, 2003	Examiner Q. J. Li	Art Unit 1633

Applicant(s): Blau et al.

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Yu Lu, Ph.D., J.D. 62,912
Attorney/Agent Reg. No.: 50,306

Dated: September 9, 2008

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